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Country note**

The Gambia

Summary

The Executive Director presents the country note for the Gambia for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The Gambia has an estimated population of 1.3 million, which is growing at a rate of 4.2 per cent per annum; population density is 121 persons per square kilometre. Nearly 49 per cent of the Gambia's population is below 18 years of age, with 19 per cent age 15 to 24, and 22 per cent of women age 15 to 49. The per capita gross national product is about $320 per annum, while annual economic growth is 4.1 per cent. Poverty increased about 52 per cent between 1992 and 1998. The 1998 National Household Poverty Survey revealed that 69 per cent of the population fell below the poverty line. In rural areas, 60 per cent of households are extremely poor. The highest levels of poverty are found in the Central River Division (CRD), Lower River Division (LRD) and Upper River Division (URD).

2. The infant mortality rate (IMR) and under-five mortality rate (U5MR) declined from 217 and 290 to 167 and 260 per 1,000 live births, respectively, between 1973 and 1983. By 1993, those figures declined significantly, to 84 and 129, due to the adoption of the primary health strategy, the improvement in water and sanitation

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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coverage and the high immunization rates. While immunization coverage of 87 per cent is one of the highest in the subregion (multiple indicator cluster survey (MICS), 1996), current U5MR and IMR of 82 and 64 per 1,000 (*State of the World's Children* 2000) remain a major challenge to the survival of children. Access to safe water is estimated at 69 per cent nationally (MICS, 1996). Malaria accounts for 41.5 per cent of total admissions at hospitals and more than 60 per cent of deaths among children at the main hospital. MICS 2000 data indicate that exclusive breastfeeding in the first three months has doubled from 17.4 per cent in 1998 to 35 per cent. Malnutrition peaks at age 24 months and accounts for 32, 28 and 15 per cent for stunting, underweight and wasting, respectively. Only 4 per cent of children have received vitamin A in the last six months, and only 8 per cent of households consume iodized salt (MICS, 2000).

3. In 1998, the gross enrolment rate (GER) in early childhood centres was 17.7 per cent, with no significant gender differentials. Early childhood centres increased in number from 125 in 1995 to 265 in 1998. In 1998/99, the gender differentials in GER at the primary level stood at 12.2 per cent in favour of boys. However, between 1992 and 1998, there was an average annual increase of 2.2 per cent in girls' enrolment, indicating a faster rate of increase for girls, due to the specific interventions targeted to them. Divisional differences indicate that URD has the lowest GER, 44.6 and 58.3 per cent for girls and boys respectively (*Education for All Report*, 2000). The repetition rate of 6.5 per cent and retention rate of 66.6 per cent to grade 6 for girls indicate that a significant proportion of girls do not complete the primary cycle. In 1999, a substantial portion of the national budget (24 per cent) went to education, of which two thirds went to basic education.

4. Skilled birth attendants assist 55 per cent of deliveries (MICS, 2000), but the maternal mortality rate (MMR) is estimated at 1,050 per 100,000 live births (1990). Harmful traditional practices such as female genital mutilation (FGM) affect more than 60 per cent of women, and early marriages continue to pose serious health and psychological problems and trauma for children and women throughout their life cycle. Teenage pregnancies continue to affect the drop-out rate of girls. HIV/AIDS has become a particular threat to women, who have little control over the number of sexual relationships their partners have, and sexually transmitted infections (STIs) are widespread. While the national prevalence of HIV infection was relatively low in 1991 (2.2 per cent among persons aged 15 and above), the 1998 Medical Research Council (MRC) survey revealed that paediatric HIV-1 cases have increased by over 25 per cent due to mother-to-child transmission. The first cases of HIV/AIDS were reported in 1986, and a cumulative total of 606 was reported by 1998. Another MRC survey revealed that 2,815 persons tested positive as of June 1999.

5. The Gambia submitted its initial report to the Committee on the Rights of the Child in December 1999. A report has yet to be submitted to the Committee on the Elimination of All Forms of Discrimination against Women. In September 2000, the National Assembly ratified the African Charter on the Rights and Welfare of the Child. Recognition and sensitization on the rights of disabled persons gained prominence following publication of the National Disability Survey of 1998. The overall disability prevalence is 1.6 per cent.

Lessons learned from past cooperation

6. UNICEF shortened the current programme by two years to harmonize the programming cycle with those of the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA); therefore, a mid-term review was not undertaken. The 1999 annual programme review and the 2000 mid-year review assisted in identifying the lessons learned from past cooperation.

7. The involvement of youths in breaking the culture of silence surrounding HIV/AIDS provides a useful strategy for the future programme. Building on this experience, the programme will address critical but sensitive issues such as arranged and early marriages, teenage pregnancy and violence against girls and women. In cooperation with civil society organizations and other development partners, effective community participation has been harnessed to increase enrolment and retention of girls in school. The innovative Baby-Friendly Community Initiative demonstrated that breastfeeding promotion not only mobilizes communities and families to protect, support and promote exclusive breastfeeding for 6 months, but can also be an effective entry point for other community-based activities.

8. The past programme highlighted the opportunities but also the difficulties in implementing integrated social services in a sectoral setting. Existing structures at the local level are still not given adequate staffing or funding to assure effective coordination and synergy. Hence, pursuing integration often results in mere geographic concentration rather than true integration. However, the integration of basic services for the provision of water and sanitation in primary schools has made schools more secure and girl-friendly, which favours access and retention.

Proposed country programme strategy

9. The long-term national development framework of the Gambia's Vision 2020, the poverty alleviation strategy, social sector policies, and the UNICEF medium-term plan were taken into consideration in determining programme priorities. Consultations were held with development partners, non-governmental organizations (NGOs), children and youth groups. The design of the strategy benefited from the Common Country Assessment and the update of the situation analysis on children and women. It also took into consideration such priorities as human rights, governance, poverty, HIV/AIDS and the environment. The country programme recommendation will reflect and incorporate foreseen adjustments from the United Nations Development Assistance Framework (UNDAF), which will be adopted at the end of 2000. Consideration will also be given to the Poverty Reduction Strategy Paper and the Comprehensive Development Framework.

10. The overall goal of the proposed country programme is to contribute to the survival, development, protection and participation of children and women in the context of national development of the Gambia. The country programme will respond to the priority outcomes of the New Global Agenda for Children.

11. The main strategies of the country programme are advocacy, service delivery, capacity-building and community empowerment. Advocacy will help to forge partnerships and alliances to mobilize resources for children and enhance rights promotion and protection. Service delivery will focus mainly on integrated basic services in three of the most disadvantaged divisions and on children in need of

special protection. Capacity-building will address policy development and training in the social sectors. Communities and youth will also be empowered. A resource mobilization strategy will be designed to raise the necessary funding for the proposed programmes and projects.

12. The programme will aim to reach the most vulnerable groups in three priority divisions (CRD, LRD and URD), which were selected based on high prevalence of poverty, fertility rates, IMR, U5MR and MMR, low primary school enrolment, and high drop-out rates, particularly for girls. HIV/AIDS prevention and management will be mainstreamed across the programme, particularly in policy development, youth peer education and partnership building. Special attention will be paid to the promotion of attitudinal and behavioural change, through advocacy, communication and information exchange. Integrated participatory planning at community level will be used to contribute to the decentralization process, in order to enhance coordination through partnerships and alliance building for maximum impact, synergy and cost-effectiveness. Mainstreaming gender across the programme will contribute to effective participation and empowerment of women and girls and will accelerate reduction of discrimination and disparities. Given the country's geopolitical situation, the influx of refugees from Liberia, southern Senegal and Sierra Leone, and its vulnerability to epidemics and natural disasters, special attention will be given to emergency preparedness.

13. The country programme will consist of three programmes: basic services; rights promotion and protection; and social planning, monitoring and evaluation. The first two programmes have been structured to respond to a mix of sectoral and crosscutting issues to facilitate implementation at national and decentralized levels. Cross-sectoral interventions will address rights promotion issues and integrated basic services in the three poorest divisions. The crosscutting social planning, monitoring and evaluation programme will focus on policy development, planning, coordination, management and monitoring of the implementation and evaluation of the programmes.

14. The *basic services programme*, in collaboration with UNDP, UNFPA, the World Health Organization, the World Bank and community-based organizations, will contribute to: (a) maternal well-being, and reduction of MMR by 10 per cent and U5MR by at least 20 per cent; (b) equitable access to quality basic education for girls in the selected divisions (from 63 per cent to 80 per cent); and (c) early childhood care for survival, growth and development in the selected divisions, to ensure that 50,000 children reaching the age of 8 are physically and mentally fit and able to learn.

15. The *rights promotion and protection programme*, in collaboration with NGOs, youth and development partners, will: (a) create awareness of children's and women's rights nationwide, to ensure their promotion and respect through communication for behavioural and social change, community participation and social mobilization; (b) support legislative and institutional reforms in conformity with the two Conventions; and (c) introduce rights and civic education in schools to enhance peace building and participation in development. This programme also aims to protect children in special need, particularly adolescents and disabled children, in selected geographic areas.

16. The *social planning, monitoring and evaluation programme* will contribute to: (a) the enhancement of national capacities, including reliable data collection and

analysis for policy development, planning, implementation, coordination, monitoring and evaluation of social policies and programmes; (b) the strengthening of national capacities, through training and technical assistance, to ensure the implementation and monitoring of the two Conventions, the African Charter on the Rights and Welfare of the Child and the National Youth Policy; and (c) ensure effective and efficient planning, management, coordination, monitoring and evaluation of the country programme.

17. Cross-sectoral costs will provide support to enhance national capacity, including reliable data collection and analysis for planning, coordination, monitoring and evaluation of social policies and programmes. A multisectoral team will be established to support crosscutting components, such as early childhood care for survival, growth and development; adolescents and HIV/AIDS; and youth participation. The country office will strengthen coordination with development partners and NGOs. Support will also be provided to improve programme management and coordination at national, regional and local levels.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Basic services	1 450	4 450	5 900
Rights promotion and protection	1 010	2 500	3 510
Social planning, monitoring and evaluation	530	750	1 280
Cross-sectoral costs	645		645
Total	**3 635**	**7 700**	**11 335**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.